

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Nebraska Leadership PAC

ADDRESS (number and street)

PO Box 3325

☐Check if different  
than previously  
reported. (ACC)

Omaha

NE

68103

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00366419

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

☐☐☐in the  
State of☐(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

04

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kim Robak

Signature of Treasurer

Electronically Filed by Kim Robak

Date

01

23

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 14

Write or Type Committee Name  
Nebraska Leadership PAC

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	258666.56
(b) Cash on Hand at Beginning of Reporting Period .....	240622.60	
(c) Total Receipts (from Line 19) .....	24500.00	58900.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	265122.60	317566.56
7. Total Disbursements (from Line 31) .....	63710.00	116153.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	201412.60	201412.60
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 14

Write or Type Committee Name  
Nebraska Leadership PAC

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	1000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	24500.00	57900.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	24500.00	58900.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	24500.00	58900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24500.00	58900.00

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	18460.00	40903.96	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	18460.00	40903.96	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38000.00	68000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	7250.00	7250.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	63710.00	116153.96	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63710.00	116153.96	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 14

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	24500.00	58900.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24500.00	58900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18460.00	40903.96
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18460.00	40903.96

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 14

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Nebraska Leadership PAC

**A.**

Full Name (Last, First, Middle Initial)

Action Comm. for Rural Electrification

Mailing Address 4301 Wilson Blvd.  
ACRE

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 0 / 2 0 1 0

Transaction ID: 00410.C366

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Aetna, Inc., PAC

Mailing Address 151 Farmington Ave., RW61

City State Zip Code  
Hartford CT 06156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00705.C374

Amount of Each Receipt this Period

2500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

American Physical Therapy Assn. PAC

Mailing Address 1111 N Fairfax St.

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: 00705.C367

Amount of Each Receipt this Period

1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Leadership PAC

**A.**

Full Name (Last, First, Middle Initial)

Massachusetts Mutual Life Ins. PAC

Mailing Address 1295 State St

City

Springfield

State

MA

Zip Code

01111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00705.C370

Amount of Each Receipt this Period

5000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Merck Employees (Merck PAC)

Mailing Address 601 Pennsylvania Ave., NW  
North Building - Suite 1200

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00705.C372

Amount of Each Receipt this Period

2000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Merck Employees (Merck PAC)

Mailing Address 601 Pennsylvania Ave., NW  
North Building - Suite 1200

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00705.C371

Amount of Each Receipt this Period

3000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 14

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Nebraska Leadership PAC

**A.**

Full Name (Last, First, Middle Initial)

Mortgage Bankers Assn. PAC

Mailing Address 1919 Pennsylvania Ave. NW

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00705.C373

Amount of Each Receipt this Period

2000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Property Casualty Insurance (PCI) PAC

Mailing Address 2600 South River Rd.

City

Des Plaines

State

IL

Zip Code

60018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: 00705.C375

Amount of Each Receipt this Period

4000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

24500.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Nebraska Leadership PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Schimanski & Associates	<b>Transaction ID:</b> 00705.E426																				
	Mailing Address 420 C St. NE	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		3	0		2	0	1	0													
	City Washington State DC Zip Code 20002-2705	<b>Amount of Each Disbursement this Period</b>																				
	Purpose of Disbursement Fundraising consulting fee Candidate Name <span style="float: right;">Category/Type</span>	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																			
4000.00																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>FUNDRAISING CONSULTING FEE</b>																				
<b>B.</b>	Full Name (Last, First, Middle Initial) Schimanski & Associates	<b>Transaction ID:</b> 00705.E433																				
	Mailing Address 420 C St. NE	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	1		2	0	1	0													
	City Washington State DC Zip Code 20002-2705	<b>Amount of Each Disbursement this Period</b>																				
	Purpose of Disbursement Fundraising consulting fee Candidate Name <span style="float: right;">Category/Type</span>	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																			
4000.00																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>FUNDRAISING CONSULTING FEE</b>																				
<b>C.</b>	Full Name (Last, First, Middle Initial) Schimanski & Associates	<b>Transaction ID:</b> 00705.E434																				
	Mailing Address 420 C St. NE	Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		3	0		2	0	1	0													
	City Washington State DC Zip Code 20002-2705	<b>Amount of Each Disbursement this Period</b>																				
	Purpose of Disbursement Fundraising consulting fee Candidate Name <span style="float: right;">Category/Type</span>	<table border="1"> <tr> <td>4000.00</td> </tr> </table>	4000.00																			
4000.00																						
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>FUNDRAISING CONSULTING FEE</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**12000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Nebraska Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lancaster County Democratic Party	<b>Transaction ID:</b> 00705.E444 <b>Date of Disbursement</b>																				
Mailing Address PO Box 83213	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												
City Lincoln State NE Zip Code 68501-3213	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Tickets to annual event Candidate Name	<table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>	100.00																			
100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>TICKETS TO ANNUAL EVENT</b>																				
<b>B.</b> Full Name (Last, First, Middle Initial) Sarpy County Democratic Party	<b>Transaction ID:</b> 00705.E424 <b>Date of Disbursement</b>																				
Mailing Address 119 W Mission Ave. Suite E	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	1	0												
City Bellevue State NE Zip Code 68005-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Fundraiser sponsorship Candidate Name	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>FUNDRAISER SPONSORSHIP</b>																				
<b>C.</b> Full Name (Last, First, Middle Initial) Diane Brock	<b>Transaction ID:</b> 00705.E427 <b>Date of Disbursement</b>																				
Mailing Address 4418 Pacific	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		3	0		2	0	1	0												
City Omaha State NE Zip Code 68105-	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bookkeeping service Candidate Name	<table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>	350.00																			
350.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>BOOKKEEPING SERVICE</b>																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5450.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Nebraska Leadership PAC

**A.**

Full Name (Last, First, Middle Initial)  
Diane Brock

Mailing Address 4418 Pacific

City Omaha State NE Zip Code 68105-

Purpose of Disbursement  
Bookkeeping service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00705.E436

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

BOOKKEEPING SERVICE

**B.**

Full Name (Last, First, Middle Initial)  
Diane Brock

Mailing Address 4418 Pacific

City Omaha State NE Zip Code 68105-

Purpose of Disbursement  
Bookkeeping service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 00705.E435

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

BOOKKEEPING SERVICE

**SUBTOTAL** of Disbursements This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

18150.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Nebraska Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	<b>Transaction ID:</b> 00705.E441 <b>Date of Disbursement</b>
Mailing Address PO Box 96047	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20077- Purpose of Disbursement CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>15000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION
<b>B.</b> Full Name (Last, First, Middle Initial) Allen Boyd for Congress	<b>Transaction ID:</b> 00705.E442 <b>Date of Disbursement</b>
Mailing Address PO Box 15703	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Tallahassee State FL Zip Code 32317- Purpose of Disbursement CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>3000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION
<b>C.</b> Full Name (Last, First, Middle Initial) Robin Carnahan for Senate	<b>Transaction ID:</b> 00705.E440 <b>Date of Disbursement</b>
Mailing Address PO Box 50378	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City Saint Louis State MO Zip Code 63105- Purpose of Disbursement CONTRIBUTIN Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTIN

**SUBTOTAL** of Disbursements This Page (optional) .....

**23000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Nebraska Leadership PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee, Inc	<b>Transaction ID:</b> 00705.E443 <b>Date of Disbursement</b>
Mailing Address PO Box 4147	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 1 0</div> </div>
City State Zip Code Baton Rouge LA 70821- Purpose of Disbursement CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> CONTRIBUTION
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	<b>Transaction ID:</b> 00705.E437 <b>Date of Disbursement</b>
Mailing Address 124 W Capitol Ave. Suite 1630	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 7 / 2 0 1 0</div> </div>
City State Zip Code Little Rock AR 72201- Purpose of Disbursement CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> CONTRIBUTION
<b>C.</b> Full Name (Last, First, Middle Initial) Ellsworth for Indiana	<b>Transaction ID:</b> 00705.E431 <b>Date of Disbursement</b>
Mailing Address 115 W Washington St., Suite 1165	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 4 / 2 0 1 0</div> </div>
City State Zip Code Indianapolis IN 46204- Purpose of Disbursement CONTRIBUTION Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>Category/Type</div> CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

38000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Nebraska Leadership PAC

**A.**

Full Name (Last, First, Middle Initial)  
Nebraska Democratic Party

Mailing Address 1327 H St.

City Lincoln State NE Zip Code 68502-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00705.E432

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
UNO College Democrats

Mailing Address 6001 Dodge

City Omaha State NE Zip Code 68182-

Purpose of Disbursement  
TRIBUTE TO FALLEN CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 00705.E428

Date of Disbursement

/   /

Amount of Each Disbursement this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Allen Boyd for Congress

Mailing Address PO Box 15703

City Tallahassee State FL Zip Code 32317-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 10123.E502

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7250.00

**TOTAL** This Period (last page this line number only) .....

7250.00